FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025747 (5)**

1. Corporate Name
CARDIOVASCULAR CENTERS OF PORT ST. LUCIE, INC.

Principal Place of Business
1700 S.E. HILLMOOR DRIVE
SUITE 202
PORT ST LUCIE FL 34952

Mailing Address
630 CAMP STREET
NEW ORLEANS LA 70130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1993
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City, State
23
Zip
24 25

2a. Mailing Address
26 336 Camp Street
Suite, Apt. #
27 Suite 250
City, State
28 New Orleans, LA
Zip
29 70130 30

4. FEI Number: 72-1235790 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Does corporation owe fees and/or penalties under s. 607.1622, F.S.? Yes / No

9. Name and Address of Current Registered Agent
WERTHEIMER, DAVID
1700 SE HILLMORE DR
SUITE 202
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, F.S., the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office, being identical to the registered agent and office of record in the State of Florida, are hereby accepted.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
WATTS, RALPH J
630 CAMP STREET
NEW ORLEANS LA 70130

13. ADDITION / CHANGE TO OFFICERS AND DIRECTORS

[X] Change [ ] Addition
336 Camp Street Ste 250
New Orleans, LA 70130
Sec/Treas
Jack Thompson
336 Camp ST. Ste 250
New Orleans, LA. 70130

[ ] Change [X] Addition

14. I hereby certify that the information supplied with this report complies with the applicable provisions of Section 607.0505, Florida Statutes. Further, I hereby certify that the corporation has paid the annual report fee as required by Section 607.0122(2), Florida Statutes, and that the name appearing below as an officer or director has consented to serve as such officer or director.

SIGNATURE: Jack Thompson — 5/1/95 — 504-523-2997
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

0472020 FP